Loblaw
COMPANIES LIMITED

Application for Seniority Credits – Union Colleagues, AB

Section 1: To be completed by Colleague

Name: _____   Employee Number: _____

Store: _____   Dept.: _____

Reason for Application: _____   Workers' Compensation
   _____   Funeral
   _____   Maternity/Paternity/Adoption
   _____   Sick Leave
   _____   Union Leave of Absence
   _____   Vacation

Dates Absent: _____

Colleague Signature: _____

(Please note, for certain credits we will require specific documentation prior to granting credit (e.g. notification from W.C.B. that claim was accepted)

Section 2: To be completed by Store Administrator

Confirmation of dates absent: _____

 # OF WEEKS ABSENT: _____

Type of supporting document presented (where required): _____

Average Hours Calculation: _____   Total hours in week prior to leave

   _____   Total hours in 2nd week prior to leave

   _____ 3rd week prior to leave

   _____ 4th week prior to leave

   _____   **AVERAGE HOURS (Sum of Total Hours / 4)**

Current Seniority Hours: _____   Hours

Seniority Hours Credit (Average Hours x # of Weeks Absent):   _____   Hours

Amended Seniority Hours (Current + Credit):   _____   **Hours**

Date Sent to Payroll: _____   Name/Signature: _____